

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890356

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
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43						93					
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45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY